CHAPTER 75.4 GUIDELINES FOR THE ENVIRONMENTAL REMEDIATION ASSESSMENTS

75-4.1 INTRODUCTION

This section provides information on the facility assessment activity of the environmental remediation process. The purpose of the assessment is to determine if conditions at a given facility could adversely impact human health or the environment through limited field investigation and documentation of existing environmental baseline information. For a number of years, the facility assessment process, as promulgated by the Environmental Protection Agency, has been used by the private sector. Facility assessment efforts are now being more actively performed by Federal agencies. The IHS has determined that this effort is needed to comply with Federal and other regulations, laws, Executive Orders, etc.

Both Federal and tribally owned or operated facilities are eligible to be included in this process.

75-4.2 DEFINITIONS

Finding - A specific item reported as part of a facility assessment. Generally these findings are items needing correction due to lack of compliance with regulations, laws or policies. However, these may also be examples of good management practices that are noteworthy or items that are not currently in violation but may or will be in the future due to poor management practices or changing regulations, laws, or policies.

75-4.3 REQUIREMENT

a. Assessment Requirement

All IHS facilities must have a facility assessment completed.

Additionally, the IHS is considering reassessing facilities on a five year interval to assess/determine the status of corrective actions relating to existing findings and to document any new deficiencies.

It is intended that an assessment will address all buildings identified within a Service Unit. In the event that a single, or group of buildings are scheduled for transfer, these may be addressed by a separate report.

b. Preassessment

The assessment process consists of two pieces, the first being a preassessment. The preassessment is done by completing a written preassessment questionnaire. The preassessment questionnaire is attached as Exhibit I.

c. Assessment

The assessment is the on-site visit by an assessment team involving interviews, review of documentation, and visual surveys to determine existing environmental conditions.

d. Informed Consent

All IHS facilities are required to be assessed. However, assessment of tribal facilities is at the option of the Tribe. To assure full understanding of the benefits and implications of the facility assessment process, before preassessments or full assessments are initiated, informed written consent will be needed from the Tribe for tribally owned facilities. Written consent will help clarify obligations associated with significant findings of the assessment, and advise that tribally owned facilities may be eligible for funding of assessments. An example letter is included as Exhibit II. The example should be modified for local conditions.

e. Magnitude

The preassessment questionnaire and the assessment should be broad based and comprehensive in scope covering a broad variety of topics. The advantage of being broad-based is that the facility becomes aware of all current environmental strengths and weaknesses so that some planning and prioritizing of corrective actions can occur. Topics to be considered by the process are indicated in Exhibit III.

75-4.4 PROCESS

a. Requests

Requests will be made of Areas by the Steering Committee (SC) yearly for a listing of facilities, both Federal and Tribal, that needing an assessment during the fiscal year. The SC will provide the funding for the facility assessments. Available funding will be determined by the SC and depend on other needs and obligations of the environmental remediation program.

b. Assessment Team

The assessment team (AT) is formed at an early stage. As IHS facilities incorporate a wide variety of operations, at least one member of the AT should have a generalist environmental background by training and experience.

Depending on the scope and complexity of the issues revealed in the preassessment, a team of two or more individuals will be assigned to conduct the full assessment. For internal assessment teams, someone from an Area office will normally provide leadership in the formation of the AT and provide guidance throughout. External (contractor) AT will include at least one IHS fully participating member from the Area office.

Flexibility will be maintained in the utilization of resources involved in the process. Assignment of external resources to supplement and/or fully perform facility assessments is based on such factors as complexity and extent of facilities, availability of internal staff and efficiency. Tribally owned facilities and those facilities being transferred to a tribal government should normally be assessed by outside contractors. When an assessment is done by an outside contractor, an IHS Facilities and/or Environmental Health staff member will be an integral member of the AT. While the IHS person serves as a member of the team, it is intended that the contractor will be wholly relied upon for technical expertise and completion of working documents relating to the assessment. Resumes of persons conducting the assessment need to be provided with the assessment report. Inclusion of resumes will assist in establishing the credibility of the effort when there are historical references in the future.

c. Preassessment Questionnaire

The preassessment questionnaire is sent out by the AT. The timetable for completing the questionnaire is calculated back from the proposed date of the assessment. More detailed instructions related to the completion, scheduling, personnel involved and responsibilities is provide in Exhibit IV, Implementing the IHS Preassessment Questionnaire.

d. Facility Assessment

The Protocol for Environmental Assessment and Review, current version will be followed.

The assessment will generally consist of an opening meeting with the affected parties from the facility. This meeting will be used to briefly review what a survey consists of, go over logistics of the survey, and discuss pertinent subjects and/or questions about the preassessment. The IHS Service Unit Director and local facilities manager (or Tribal equivalent) should be present. The meetings will be followed by the physical survey, accompanied by someone who is familiar with the facility. Time will be set aside for reviewing records and written documentation of policies and procedures such as those for management of hazardous materials. At the end of the survey a close out meeting will be held for the purpose of clarifying any findings and sharing observations with the facility administration.

A distribution of draft assessments will be as follows:
- Area: 3 copies (one for Service Unit)
- Engineering Services - Seattle: 2 copies
- Engineering Services - Dallas: 1 copy for ES-D supported Areas
- Headquarters - 2 copies

Coordination for distribution to tribal representatives will be through the Area.

e. Facility Assessment Review and Validation

Findings of the facility assessment will remain in draft status until reviewed and validated by the Area Associate Director, Office of Environmental Health and Engineering. The validation process will include input from appropriate Headquarters, Area and Service Unit environmental health, engineering, administrative and facilities maintenance staff. A draft validation findings concurrence is included as Exhibit V.

Review and comment on assessments can be via telephone conferences by all parties.

For assessments prepared by contractors, it is recommended that a prefinal be submitted for final check prior to distribution.

A distribution of Final validated assessments will be as follows:
- Area: 2 copies (one for affected Service Unit)
- Engineering Services - Seattle: 2 copies
- Engineering Services - Dallas: 1 copy for ES-D supported Areas
- Headquarters: 1 copy

Coordination for distribution to tribal representatives will be through the Area.

f. Facility Assessment Information Repository and Databasing

Copies of all assessment reports will be maintained in Headquarters and in Engineering Services - Seattle. All findings will be placed in a computer database to accommodate future information needs and requests. The SC shall coordinate the management of this information database with who and where it will be maintained. This database of findings will be used to prepare the yearly FEDPLAN.

g. Facility Assessment Contract

An outside facility assessment contractor will be hired and available for use through ES. ES will coordinate with those requesting those services. Areas will need to coordinate with their respective ES for use of the contract.

h. Corrective Actions

Corrective actions to the findings in the facility assessment will vary in size and in complexity. Additionally, findings in the assessment may still not provide the information to determine the extent of the environmental problem encountered. In the event additional information is required to determine the scope of the problem or to develop plans and specifications for a contract, a 'Special Study' may be required. The intent of the special study is to determine the scope of the remediation needed to prevent scope and project cost creep. The special study will include testing and sampling procedures beyond the scope of the assessment process.

Funding for corrective actions is outlined in the chapter Guidelines for Environmental Remediation Activities Funding and Prioritization of the Technical Handbook for Health Facilities.

The facility operator has the ultimate legal responsibility for required corrective action. Failure to request funding that is outside the scope of local abilities or authorities has resulted in legal actions against the agency and responsible individuals.

75-4.5 RESPONSIBILITIES

Service Unit:
- request facility assessment to Area
- fill out preassessment questionnaire
- participate as needed in facility assessment
- participate in facility assessment review
- corrective actions on findings

Area
- request facility assessment to SC

- validate facility assessment
- participate as needed in facility assessment
- participate in facility assessment review
- assist in corrective actions on findings as needed

Headquarters
- participate in facility assessment review

Engineering Services - Seattle
- maintain contract and manage facility assessment contractor
- participate in facility assessment reviews

EXHIBIT 1 - Preassessment Questionnaire

FACILITY ASSESSMENT QUESTIONNAIRE

INDIAN HEALTH SERVICE

I. GENERAL INFORMATION

1. Please provide the following information about the facility:
   A. Area:_____
   B. Service Unit:_____
   C. Facility name:_____
   D. Facility address:_____
   _____
   E. Date of Construction:_____
   F. Contact person at the facility. Include name and phone number:
   _____
   G. The person, or persons, responsible for environmental compliance at the facility: _____
   _____
   _____
   H. Has the facility ever been used for purposes other than its current use?
   Yes___ No___
   I. If yes, what was that use?_____
   _____
   _____

2. Is the facility owned by (circle one):
   A. IHS.
   B. Tribe.
   C. Lease (from whom):_____
   D. Other (please specify):_____

_____

3. Is the facility located within Reservation boundaries?

Yes___ No___

4. Is the facility a(n):
   A. Hospital.
   B. Ambulatory Care Center.
   C. Other (please specify):_____

5. Identify any state, county, tribal, or local environmental laws or regulations to which the facility is subject (not to include federal laws and regulations).

6. Identify the point of contact at the state, county, or local agency responsible for each of the laws or regulations listed in question 5. Include name, address, phone number, and most current interaction.

7. Identify and explain any situations causing, or likely to cause, noncompliance with federal, state, or local environmental laws and regulations; or significant risk to human health or the environment.

8. Identify and explain any non-permitted releases or spills that have occurred at any time at the facility that required, or may currently require, remediation or clean up.

9. For releases or spills listed in question 8, how was the extent of contamination determined? Please provide all applicable documentation of the event(s).

_____

_____

_____

_____

10. Are there plans to build, acquire, or transfer buildings at the facility within the next five years?

Yes___ No___

*** If yes, an environmental audit should be completed before activities begin.**

II. RESOURCE CONSERVATION AND RECOVERY ACT

Subtitle D - SOLID WASTE

1. Where is solid waste from the facility disposed? (circle all that apply)
   A. Sanitary landfill.
   B. Community dump.
   C. Incinerated on-site.
   D. Incinerated off-site.
   E. Other (please specify)_____

2. Please provide the location for each of the disposal methods listed in question 1 that the facility utilizes.

   _____
   _____
   _____
   _____

3. If a sanitary landfill is utilized, does it have a valid permit?
   N/A____ Yes____ No ____

4. If incineration is the chosen method of solid waste disposal, does the incinerator have a valid permit?
   N/A____ Yes____ No____

5. If incineration is the chosen method of solid waste disposal, what type of incinerator is used?

   _____
   _____

6. How is ash from that incinerator disposed?_____

   _____

7. Is the ash analyzed for toxic leaching potential?
   N/A____ Yes____ No____

8. How is solid waste collected, transported, and disposed <u>after</u> it is initially collected inside the facility?
   A. By contract.
   B. By IHS personnel.
   C. Other (please specify)_____

MEDICAL WASTE

9. How is medical waste from the facility disposed (circle one)?
   A. Incinerated on-site.
   B. Incinerated off-site under contract.
   C. Sanitary landfill.
   D. Autoclaved and landfilled?
   E. Other (please specify)_____

10. If a sanitary landfill is utilized, is it the same one as described in question 3 of this section?

    N/A____ Yes____ No____

    (If yes, please go to question 13 of this section.)

11. If no, does this landfill have a valid permit?

    N/A____ Yes____ No____

12. Where is this landfill located?_____

13. If an incinerator is used to dispose of medical waste, is it the same one as identified in question 5 of this section?

    N/A____ Yes____ No____

    (**If yes, please go to question 15 of this section.**)

14. If no, does this incinerator have a valid permit?

    N/A____ Yes____ No___

15. If an autoclave is used, is the medical waste passed through a grinder prior to disposal in a landfill?

    N/A____ Yes____ No___

16. If the waste is transported off-site, is the transport method in compliance with state and local laws?

    N/A____ Yes____ No___

17. Are all personnel responsible for incinerators and autoclaves trained/certified in their use?

N/A____ Yes____ No___

Subtitle C - HAZARDOUS WASTE

18. What hazardous wastes (as defined by RCRA) does the facility generate? Please provide the type and quantity of each hazardous waste generated per month.

WASTE QUANTITY

(Attach additional page if necessary)

19. Does the facility store hazardous waste on-site? If so, in what quantities and for how long?

20. Are all hazardous waste storage containers properly labeled?

N/A____ Yes____ No___

21. If hazardous waste is transported off-site by a contractor, does the facility generate and maintain the required manifests and documentation?

N/A____ Yes____ No___

22. Where are these records kept?

23. If the waste is disposed of by contract, please identify contractor and final destination of the waste.

24. Is the ultimate disposal site for the hazardous waste properly permitted?

N/A____ Yes____ No___

25. Please provide the facility's EPA Identification Number if one exists._____

26. How are employees at the facility trained and protected in the safe handling, use, storage, and disposal of hazardous materials and wastes._____

_____

Subtitle I - UNDERGROUND STORAGE TANKS

27. Are there any underground storage tanks (USTs) located at the facility or on the facility grounds?

Yes____ No___

(If there are none, please go to Section III - Superfund Amendment and Reauthorization Act)

28. For each UST **that is still in use**, please provide the following (attach additional sheet if necessary):

A. Tank location:_____

_____

_____

B. Contents:_____

C. Use of Contents:_____

D. Tank capacity (in gallons):_____

_____E. Installation date:_____

_____F. Corrosion protection (if any):_____

_____

_____

_____

G. Leak detection and monitoring equipment in use (if any):

_____

_____

H. Date of last tank inspection:_____

I. Person or company performing inspection:_____

J. Results of inspection:_____

29. For USTs **no longer in use**, please provide the following for each tank: (attach an additional sheet if necessary)

A. Tank Location:_____

B. Contents:_____

C. Former Use of Contents:_____

D. Tank capacity (in gallons):_____

E. Installation date:_____

F. Has the tank been closed or abandoned in compliance with EPA regulations? Yes____ No____

G. Who closed or abandoned the tank?_____

H. Has the closure or abandonment been accepted by the state or other party having jurisdiction?

Yes____ No___

I. Date of closure or abandonment_____

30. Have these USTs been reported to the state or other party having jurisdiction?

N/A____ Yes____ No___

31. Where are records concerning UST's at the facility kept? ___

III. SUPERFUND AMENDMENT AND REAUTHORIZATION ACT

1. Has a thorough chemical inventory for the facility been completed?

   Yes____ No___

2. If yes, how is this inventory documented and managed?_____

   _____

   _____

3. How often is the inventory updated?_____

   _____

4. Are there any chemicals that meet or exceed the threshold planning quantities as established by EPA?

   Yes____ No___

5. If so, what are those chemicals and their quantities?

   CHEMICAL QUANTITY

   _____

   _____

   _____

   _____

   _____

6. Does the community or tribe have a local emergency planning committee (LEPC) or tribal emergency planning committee (TEPC) in place?

   Yes____ No___

   (If no, please go to question 11 of this section)

7. Does the facility participate in the LEPC/TEPC ?

   N/A____ Yes____ No___

8. Does the facility have a designated representative to serve as an emergency response coordinator to work with the LEPC/TEPC to develop and implement an emergency response plan?

   N/A____ Yes____ No___

9. Does the facility provide information that is necessary for the development and implementation of the local emergency response plan

upon request to the LEPC/TEPC?

N/A____ Yes____ No___

10. Does the facility inform the LEPC/TEPC of any changes that occur that may be relevant to emergency planning?

N/A____ Yes____ No___

11. Does the facility, at a minimum, provide the local fire authority a copy of the chemical inventory and the Material Safety Data Sheets (MSDS) for those chemicals?

Yes____ No___

12. Are there mechanisms in place for the timely reporting of releases of hazardous or toxic materials at or above the reportable quantities established by EPCRA?

N/A____ Yes____ No___

13. If yes, please explain these mechanisms:_____
_____
_____
_____
_____

IV. TOXIC SUBSTANCES CONTROL ACT

1. Has the facility conducted a survey for polychlorinated biphenyls (PCBs)?

   Yes____ No___

   (If no, please go to question 6 of this section)

2. If a survey has been conducted, please document when, by whom, and the survey methods employed._____

3. If a survey has been conducted, were PCBs located in any of the following: (circle all that apply)
   A. Transformers.
   B. Capacitors.
   C. Electromagnets.
   D. Heat transfer or hydraulic systems.
   E. Circuit breakers.
   F. Fluorescent light ballasts.
   G. Other areas (please specify)_____
   H. No PCB's located.

4. If PCBs were located at the facility, have they been removed or are there any plans to remove them?

   N/A____ Yes____ No___

5. Have all identified PCB's been properly labeled?

   N/A____ Yes____ No___

6. Does the facility manufacture or import into the United States any toxic substances?

   Yes____ No___

7. If yes, please list each substance and its quantity.

SUBSTANCE	QUANTITY

ASBESTOS

8. Has an asbestos survey been conducted at the facility?

Yes____ No___

(If no, please go to question 13 of this section)

9. If so, when, by whom, and what were the results?_____

(Note - if no asbestos was found please go to question 19 of this section)

10. Was the person or persons conducting the survey trained and/or certified?

N/A____ Yes____ No___

11. If asbestos or asbestos containing material was identified during the survey, please describe the quantities and condition (friability)._____

12. If asbestos was identified, was it encapsulated, enclosed, removed, etc?_____

13. Has any demolition or renovation been done at the facility since 1973 that has disturbed friable asbestos or asbestos containing material?

Yes____ No___

(If no, please go to question 19 of this section)

14. Did the demolition or renovation project include eighty (80) or more linear meters of friable asbestos pipe insulation?

N/A____ Yes____ No___

15. Did the demolition or renovation project exceed fifteen (15) square meters of friable asbestos material used on building appurtenances, equipment, or structural components?

N/A____ Yes____ No___

16. Was EPA notified prior to the demolition or renovation?

N/A____ Yes____ No___

17. Was the demolition or renovation done in-house or under contract?

18. Were the individuals responsible for demolition or renovation trained/certified for asbestos work?

N/A____ Yes____ No___

19. Where are records concerning asbestos kept at the facility? ____

V. CLEAN AIR ACT

AIR EMISSIONS

1. Please list any federal, state, local, or tribal air emission permits, **excluding those already discussed in the Resource Conservation and Recovery Act Section of this document**, that the facility has.

PERMIT NUMBER	ISSUING AGENCY

2. Are any toxic or hazardous air pollutants, as established by the

1990 Clean Air Act Amendments (**see attachment**), present in emissions from the facility?

N/A____ Yes____ No___

INCINERATION

3. Does the facility operate incinerators for hazardous waste, general solid waste, confidential materials, or medical waste **in addition to those discussed in the Resource Conservation and Recovery Act section of this document?**

N/A____ Yes____ No___

(If no, please go to question 10 of this section)

4. If yes, provide the amounts and type of each waste incinerated on a weekly or monthly basis.

WASTE AMOUNT

_____

_____

_____

_____

_____

5. Are the incinerators permitted by the local, state, or federal authority having jurisdiction?

N/A____ Yes____ No___

6. Have the incinerators ever been found to be out of compliance with emission standards?

N/A____ Yes____ No___

7. If yes, what caused the non-compliance?_____

_____

_____

_____

8. Has the non-compliance been corrected?

Yes____ No___

9. If yes, please explain how._____

Ozone Depleting Substances

10. List any chlorofluorocarbons (CFC's) or Halons in use at the facility._____No CFC's or Halons.

11. Detail any plans to reduce or replace ozone depleting materials at the facility._____

VI. CLEAN WATER ACT

1. Does the facility have a National Pollutant Discharge Elimination System (NPDES) permit?

Yes____ No___

2. If yes, please list the permit number and identify the authority (city, county, state) that issued the permit.

PERMIT NUMBER	ISSUING AGENCY

3. Identify the types of discharges from the facility (circle all that apply):

A. Storm water runoff requiring permits.
B. Drainage from dredge and fill material.
C. Wastewater treatment plant. If IHS owned, please list sizes and number._____
D. Process wastewater.
E. Cooling towers or pass-through water.
F. Septic systems.
G. Industrial waste discharge.
H. Other (please specify)_____

4. Does the facility utilize an on-site industrial pretreatment system prior to discharge to a Publicly Owned Treatment Works (POTW)?

Yes____ No___

5. Does the facility discharge to a POTW any of the following (circle all that apply):
   A. Process wastewater.
   B. Domestic (sanitary) wastewater.
   C. Industrial wastewater treatment plant effluent.
   D. Other (please specify).

6. Are there above ground storage tanks for fuel or other petroleum products at the facility?

Yes____ No___

(If no, please go to question 11 of this section)

7. If yes, provide the following information for each tank (attach an additional sheet if necessary):
   A. Location_____
   B. Contents_____
   C. Use of Contents_____
   D. Capacity (in gallons)_____
   E. Containment methods in place_____

8. Has there ever been a non-permitted release from any of these tanks?

Yes____ No___

(If no, please go to question 11 of this section)

9. If yes, provide the estimated volume of the release, containment measures utilized, and clean-up procedures._____

_____

_____

_____

_____

_____

_____

10. Were these releases reported to the local, state, or federal authority having jurisdiction?

N/A____ Yes____ No___

11. Does the facility have a Spill Prevention Control and Countermeasure Plan?

Yes____ No___

VII. SAFE DRINKING WATER ACT

1. Who owns/operates the drinking water supply system utilized by the facility?
   A. IHS.
   B. Tribe.
   C. City.
   D. Bureau of Indian Affairs
   E. Other (please specify)._____
2. What is the source of the drinking water?
   A. Groundwater.
   B. Surface water.
   C. Combination.
3. Who is responsible for drinking water analysis?
   A. IHS.
   B. Tribe.
   C. Bureau of Indian Affairs.
   D. Other (please specify)_____
4. How often are the following analyses done?
   A. Microbiological_____
   B. Chemical/physical_____
   C. Radiological_____
5. Does the drinking water meet current EPA or other applicable standards?

   Yes____ No___
6. If no, please list which standard(s) it does not meet.

7. Have water coolers and plumbing at the facility been evaluated for lead corrosion?

Yes____ No___

8. If yes, please list the date and results of the most recent lead evaluation?_____

_____

_____

_____

_____

9. Does the facility further treat (e.g. softening) the drinking water even though it comes from a community system?

Yes____ No___

10. If yes, please list the treatment procedures used.

_____

_____

_____

VIII. RADON

1. Have the facility and ancillary buildings been evaluated for radon?

   Yes____ No___

   (If no, please go to Section IX, Federal Insecticide, Fungicide, and Rodenticide Act)

2. If yes, list dates for the most recent surveys.

   _____

   _____

   _____

3. What type(s) of detection devices were utilized? (circle all that apply)

   A. Charcoal canisters
   B. Alpha Track detectors
   C. Electret Detectors
   D. Other (please specify):_____

   _____

   _____

4. Were any areas found to exceed the EPA action level of 4 pCi/L?

   Yes____ No___

5. If yes, explain what actions were taken._____

   _____

   _____

   _____

   _____

IX. FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. Who applies pesticides at the facility? (circle all that apply)
   A. IHS staff.
   B. Contract.
   C. Other (please specify)_____
   _____
2. Are the applicators certified?
   Yes____ No___
3. What pesticides, herbicides, or rodenticide have been purchased for the facility in the last five years? In what quantities?

CHEMICAL	QUANTITY

4. Are all pesticides, herbicides, and rodenticides properly labeled?
   Yes____ No___
5. Are all pesticides, herbicides, and rodenticides properly and safely stored?
   Yes____ No___

X. CULTURAL RESOURCES

1. Date of Facility Construction:_____
2. Is the facility greater than 50 years old?
   Yes____ No____
3. If yes, has the State Historic Preservation Officer been contacted to determine eligibility for inclusion on the National register for Historic Places?

Yes____ No____ Unsure____

4. If the facility is less than 50 years old, does the facility exhibit any unique architectural features which could make it eligible for inclusion on the National Register?

Yes____ No____ Unsure____

5. Are there any known archeological sites, historic sites, or traditional cultural properties on the facility's grounds?

Yes____ No____ Unsure____

FACILITY ASSESSMENT QUESTIONNAIRE

SIGNATURE PAGE

Prepared By: Date:

Reviewed By:

Area Institutional Environmental Health Officer

Concur:

Associate Area Director
Office of Environmental Health and Engineering

EXHIBIT II

ENVIRONMENTAL COMPLIANCE ASSESSMENT QUESTIONNAIRE INSTRUCTION SHEET

I. GENERAL INFORMATION

1. - 4. Self-explanatory.

5. This question is designed to identify environmental laws and regulations at the state and local level which may be more stringent than federal laws or may not be covered by federal law. Please attach an additional sheet if more space is required to list these local laws.

6. If the specific point of contact at this level is unknown, please identify the agency responsible for the regulation.

7. This question may include items such as emissions from incinerators, toxic discharges in wastewater, etc.

8. This question is designed to document non-permitted releases of substances to the air, water, or soil. It will also help to identify facilities that may require remediation or clean up activities.

9. Self-explanatory. Please send applicable documentation back with the completed questionnaire.

10. This question is designed to identify issues which may have National Environmental Policy Act implications, or may impact facilities that are scheduled to be turned over to Tribes.

*** Revised March 1996**

II. RESOURCE CONSERVATION AND RECOVERY ACT

1. and 2. Self-explanatory.

3. Does the landfill meet current Federal or applicable state sanitary landfill criteria?

4. - 17. Self-explanatory.

18. Please include all hazardous wastes generated and their amounts. Exclude hazardous materials such as lead foils from the dental department if those materials are recycled or recovered.

19. - 25. Self-explanatory.

26. This may be through annual Hazard Communication Standard training, or through other training resources such as HAZWOPER.

27. A tank is considered an underground storage tank if at least 10% of its contents, including piping, is underground.

28. - 31. Self-explanatory.

III. SUPERFUND AMENDMENT AND REAUTHORIZATION ACT

1. - 3. Self-explanatory.

4. For threshold planning quantities, **see attachment**.

5. - 13. Self-explanatory.

IV. TOXIC SUBSTANCES CONTROL ACT

1. - 5. Self-explanatory.

6. It is unlikely that any of the IHS facilities will directly import toxic substances into this country. However, some of the facilities may be creating toxic materials in the laboratories.

7. - 19. Self-explanatory.

V. CLEAN AIR ACT

1. - 9. Self-explanatory.

10. CFC's are typically found in air conditioning units, refrigerators, etc. Halons are often used as fire extinguishing media in sensitive areas such as computer rooms and laboratories.

11. Self-explanatory.

VI. CLEAN WATER ACT

1. - 2. Self-explanatory.

3. This is a partial list of possible discharges. If you can identify other discharges at your facility, please do so.

4. - 7. Self-explanatory.

8. - 9. If these releases were documented in questions 7 or 8 of the General Information Section of the questionnaire there is no need to include them here.

10. - 11. Self-explanatory.

VII. SAFE DRINKING WATER ACT

All questions in this section are self-explanatory.

VIII. RADON

All questions in this section are self-explanatory.

IX. FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT

1. - 2. Self-explanatory.

3. This question is designed to measure the quantities of pesticides purchased by the facility. It excludes commercial contractors providing pest control services for the facility.

4. - 5. Self-explanatory.

X. CULTURAL RESOURCES

All questions in this section are self-explanatory. While not strictly an environmental issue, Cultural Resources is included here because remediation activities may be affected by the age or architectural significance of a building.

XI. SIGNATURE PAGE

The questionnaire should be signed by the person(s) at the Service Unit who had the primary responsibility for completing the questionnaire.

This will typically be the Service Unit **Facility Manager** and the Service Unit **Sanitarian**.

The **Area Office person** with the responsibility for coordinating the Environmental Assessment Process should review and sign each questionnaire.

The **Associate Area Director** for the Office of Environmental Health and Engineering should also review and sign each questionnaire.

A list of **key personnel** that contributed to the completion of the questionnaire should be part of the Signature Page. This list may include persons from the Sanitation Facilities Construction Branch, Laboratory, Pharmacy, etc.

EXHIBIT III

IMPLEMENTING THE INDIAN HEALTH SERVICE ENVIRONMENTAL COMPLIANCE ASSESSMENT QUESTIONNAIRE

I. Introduction

Successful completion of the IHS Environmental Compliance Assessment Questionnaire is an essential part of the environmental assessment process. The completed questionnaire identifies operations at the facility/ installation with the potential to adversely impact human health and the environment. The completed questionnaire becomes part of the official report for the environmental compliance assessment. It contains information that is not available in any other part of the environmental compliance assessment report. Also, the assessment team leader uses the completed questionnaire to help plan the onsite visit and form an appropriate assessment team. Therefore, accurate and full completion of the questionnaire reflects favorably upon local personnel and allows the assessment process to run smoothly.

An IHS questionnaire should be completed for each facility/ installation; whereas, an environmental compliance assessment report will cover an entire service unit (or equivalent) and might contain more than one completed questionnaire. By design, completing the questionnaire should capture information from key local personnel through interviews, a brief walk-through survey, and only limited review of records. Recognition for the contribution of key personnel toward completing the IHS questionnaire is done by including their names on the final page of the document. Also, responsible IHS local and area officials sign the completed questionnaire.

II. Implementation Process

The process and timetable for completing the questionnaire is an integral part of the environmental assessment. The first step is to reach agreement on, or decide, when to conduct the IHS environmental assessment for a particular service unit. The timetable for completing the questionnaire is calculated by working backwards from the onsite assessment dates; a time is selected near the assessment dates to help ensure current information but far enough in advance to give sufficient time for planning the onsite visit. Therefore, a designated IHS Area official should send the blank questionnaire to a local official about two to four months before the scheduled onsite visit for the assessment. (It is assumed that proper protocol will be

used.) Local officials should complete the IHS questionnaire in draft within about two to four weeks after receiving it. Finally, the designated IHS area official should visit the facility/ installation, interview key personnel, conduct a walk-through survey, and complete the questionnaire. Of course, exigencies might necessitate modification of the process and timetable outlined above. In any case, the completed questionnaire should be available in sufficient time to allow the assessment team leader to plan the onsite visit and form an appropriate team.

Completion of the questionnaire is not to be the sole effort of just one individual. Rather, a team approach is desired because environmental responsibilities and expertise are divided among personnel at facility, service unit, and area locations. Therefore, the team should consist of several people from the local level and representatives from the service unit and area office (e.g., environmental health and facilities management). Additional team members could be added based on specific events or conditions at the facility. Cooperation, followup, and team interaction should prove valuable in achieving the desired product.

III. Responsibilities

A. Area Office - A team of personnel consisting of at least Facility Management and Environmental Health should coordinate the entire assessment process. This team's responsibilities include developing timetables and schedules for completing questionnaires, chairing meetings, completing the questionnaires, and sending any correspondence relating to the questionnaire. Also, this team is responsible for distributing completed documents.

B. Field Staff - These persons would include the Service Unit Sanitarian, the Service Unit Facilities Manager and any other local staff necessary for the accurate completion of the questionnaire. Their responsibilities include completing the questionnaire as accurately and thoroughly as possible prior to the meeting with the Area Office person and cooperating fully.

C. Indian Health Service Headquarters East - It is the responsibility of this office to develop and provide continuous quality improvement for the questionnaire and recommendations on how best to use it. Additionally, this office is responsible for analyzing data gathered during the questionnaire process. Finally, this office serves as a clearinghouse for information regarding the questionnaire and environmental compliance assessments.

NOTE: Any items noted during completion of the IHS questionnaire

that pose a serious, imminent threat to human health or the environment should be brought to the immediate attention of the Service Unit Director and other management as necessary. Followup activities for these serious, imminent threats should be undertaken immediately.

IV. Status

The most current edition of the questionnaire (26 March 96) has been distributed to IHS area offices in hardcopy and diskette (Wordperfect 5.1). The questionnaire is also available to others working with IHS officials.

EXHIBIT IV

Informed Consent Draft Letter

ENVIRONMENTAL COMPLIANCE ASSESSMENT INFORMED CONSENT DRAFT LETTER

Tribal Government

To Whom It May Concern:

As you may have become aware, the President has signed an Executive Order which requires that Federal Agencies complete Environmental Compliance Assessments of all Federal facilities. Where deficiencies are discovered, such as those related to leaking underground storage tanks or contamination of sites from disposal of waste, an opportunity is provided to participate in requests for Congressional funding for remedial actions. Tribally owned facilities are eligible for funding of corrective actions, subject to priority and availability of funds. Generally, the corrective actions which are eligible for this type of funding are for larger projects.

An initial environmental compliance assessment provides a baseline survey to determine whether or not there are conditions which may contribute adversely to human health or the environment. Information is gathered from knowledgeable individuals, documents and records, and by doing visual on site surveys. The assessments are very comprehensive in scope, covering a broad variety of topics (see attached table). The advantage of having a broad-based assessment is that the facility becomes aware of areas of current or potential noncompliance so that planning and prioritization can occur for corrective actions. Often problems which are surfaced by an assessment can be addressed by administrative actions, maintenance activities, and small repair projects.

For a number of years, the environmental compliance assessment process, as promulgated by the United States Environmental Protection Agency (USEPA), has been in effect for the private sector. In the federal sector, the emphasis has been on agencies with extensive physical facilities and industrial type operations, e.g. Defense and Energy. As environmental compliance assessment efforts are now being extended more actively to other agencies, environmental assessment baseline surveys are being implemented, with periodic follow-up surveys thereafter. The Indian Health Service is considering a five year period as a reasonable interval between assessments. An annual review of the status of corrective actions for existing findings will provide data for seeking additional funds where the corrective actions exceed the scope of what was initially anticipated.

An assessment for an installation, such as a health facility within an IHS service unit, would consist of two steps, the first being a pre-

assessment questionnaire. Work on this usually begins about two months before the full assessment, and during the early stages, involves some contact between the facility being assessed and the assessment team leader. The assessment team is formulated during this early stage. The pre-assessment questionnaire, often filled out by knowledgeable individuals in the service unit and area office, provides some general information about what is known about a variety of environmental subject areas for the facility. This information can in turn be used to scope the full assessment.

The Indian Health Service offers to provide environmental assessments using outside contracted resources. The assessment process will include a review of all findings of the assessment team, both during the exit interview and also through distribution of a draft report to you. Comments will also be sought from technical reviewers and/or the area and headquarters offices of the Indian Health Service. It is the intention to resolve all comments through this consultation process. If there are remaining questions which cannot be readily resolved by these consultations, they may be brought to the attention of the Environmental Assessment Steering Committee for future study and/or definition of alternative findings and recommendations for incorporation into the assessment report. The Steering Committee includes a Tribal representative.

As you avail yourselves of the opportunity to have the environmental assessments conducted for your facilities, certain obligations may result for the development of corrective action plans and initiation of remedial actions. Although Congressional requests are prepared each year for funding dedicated to environmental remediation efforts, it is not likely that sufficient resources will be received to complete all corrective actions. Thus, eligibility for corrective action will be subject to priority and availability of funds.

We look forward to working with you on this effort. If you wish to proceed, please provide a written response to this invitation identifying the eligible facilities to be assessed. If for some reason you do not wish to participate, please respond in writing noting the specific facilities you wish to exclude

EXHIBIT V

Assessment Topics

Administrative and Policy

Air Emissions

Cultural Resources

Drinking Water

Hazardous Materials

Hazardous Waste

Medical Waste

Pesticide Management

Petroleum, Oils, and Lubricants

Pollution Prevention

Solid Waste

Storage Tanks

Toxic Substances

Waste Water

EXHIBIT VI

Implementing the IHS Preassessment Questionaire

IMPLEMENTING THE INDIAN HEALTH SERVICE ENVIRONMENTAL ASSESSMENT QUESTIONNAIRE

I. Introduction

Successful completion of the IHS Environmental Assessment Questionnaire is an essential part of the environmental assessment process. The completed questionnaire identifies operations at the facility installation with the potential to adversely impact human health and the environment. The completed questionnaire becomes part of the official report for the environmental assessment. It contains information that is not available in any other part of the environmental assessment report. Also, the assessment team leader uses the completed questionnaire to help plan the onsite visit and form an appropriate assessment team. Therefore, accurate and full completion of the questionnaire reflects favorably upon local personnel and allows the assessment process to run smoothly.

An IHS questionnaire should be completed for each facility/installation; whereas, an environmental assessment report will often cover an entire service unit (or equivalent) and might contain more than one completed questionnaire. By design, completing the questionnaire should capture information from key local personnel through interviews, a brief walk-through survey, and only limited review of records. Recognition for the contribution of key personnel toward completing the IHS questionnaire is done by including their names on the final page of the document. Also, responsible IHS local and area officials sign the completed questionnaire.

II. Implementation Process

The process and timetable for completing the questionnaire is an integral part of the environmental assessment. The first step is to reach agreement on when to conduct the IHS environmental assessment for a particular service unit. The timetable for completing the questionnaire is calculated by working backwards from the onsite assessment dates; a time is selected near the assessment dates to help ensure current information but far enough in advance to give sufficient time for planning the onsite visit. Therefore, a designated IHS area official should send the blank questionnaire to a local official about two to four months before the scheduled onsite visit for the assessment. (It is

assumed that proper protocol will be used.) Local officials should complete the IHS questionnaire in draft within about two to four weeks after receiving it. Finally, the designated IHS area official should visit the facility / installation, interview key personnel, conduct a walk-through survey, and complete the questionnaire. Of course, emergencies might necessitate modification of the process and timetable outlined above. In any case, the completed questionnaire should be available in sufficient time to allow the assessment team leader to plan the onsite visit and form an appropriate team.

Completion of the questionnaire should not be the sole effort of one individual. Rather, a team approach is desired because environmental responsibilities and expertise are divided among personnel at the facility, service unit, and area locations. Therefore, the team should consist of several people from the local level and representatives from the service unit and Area office (e.g., environmental health and facilities management). Additional team members could be added based on specific events or conditions at the facility. Cooperation, follow up, and team interaction should prove valuable in achieving the desired product.

III. Responsibilities

A. Area Office -- A team of personnel consisting of at least Facility Management and Environmental Health should coordinate the entire assessment process. This team's responsibilities include developing timetables and schedules for completing questionnaires, chairing meetings, completing the questionnaires, and sending any correspondence relating to the questionnaire. Also, this team is responsible for distributing completed documents.

B. Field Staff -- These persons would include the Service Unit Sanitarian, the Service Unit Facilities Manager and any other local staff necessary for the accurate completion of the questionnaire. Their responsibilities include completing the questionnaire as accurately and thoroughly as possible prior to the meeting with the Area Office person and cooperating fully.

C. Indian Health Service Headquarters East -- It is the responsibility of this office to develop and provide continuous quality improvement for the questionnaire and recommendations on how best to use it. Additionally, this office is responsible for analyzing data gathered during the questionnaire process. Finally, this office serves as a clearinghouse for information regarding the questionnaire and environmental assessments.

NOTE: Any items noted during completion of the IHS questionnaire that pose a serious, imminent threat to human health or the environment should be brought to

the immediate attention of the Service Unit Director. Follow up activities for these serious, imminent threats should be undertaken immediately.

IV. Status

The most current edition of the questionnaire (26 March 96) has been distributed to IHS area offices in hardcopy and diskette (WordPerfect 5.1). The questionnaire is also available to others working with IHS officials.

EXHIBIT VII

Findings Concurrence and Validation Cover Form

TO:

FROM:

SUBJ: Validation of Environmental Assessment Findings for _____

The _____ facilities for the _____ Service unit recently received an environmental assessment. The attached environmental assessment report was prepared by _____ and is being submitted to your office for review and validation of findings. The purpose of this step in the process is to insure accuracy of findings and background information, and to update information where applicable.

If you have questions about information presented in this report please contact _____(Non-government)_____ or _____(government)_____. A form is provided for your response on specific findings. It is our understanding that your responses will incorporate observations from interested and affected parties from the assessed facilities and service units.

This assessment document will be maintained in draft status for additional review if there is non-concurrence with findings. To facilitate timely review of findings, it is requested that you return the enclosed form by _____. This should be done, even if you are requesting another cycle of review.

Please return to _____

ENVIRONMENTAL ASSESSMENT ID:_____

SERVICE UNIT:_____

FACILITY(S):_____

DATE OF ASSESSMENT:_____

Please provide your response to each of the findings as follows.

Finding ID	Concur	Do Not Concur/ Review Requested	Comments

Response requested for items checked.

Signature Date Telephone

Concur With All Findings:

Signature Date Telephone

Associate Director, OEHE

EXHIBIT VIII

Additional Procedures for EA Coordination and Review

A. Pre-assessment conference call among Engineering Services (ES), contractor, and Area Office - This call will be held either before negotiations or just after to review the Statement Of Work, assessment team makeup, and site assessment logistics.

B. Written review comments - Only written review comments will be accepted.

C. Review conferences - The Environmental Assessment (EA) project officer will coordinate review conferences. The other EA project officers will be notified of the arrangements so they can listen in if they are available.

D. IHS draft EA review conference - This will occur before the contractor review conference and will include ES, Area, and Headquarters. Headquarters will determine which IHS staff will participate in the contractor review conference call.

E. Contracting Officer Representative (COR) letter with review comments - Review comments with minutes of the conference call will be forwarded by COR letter to the contractor after the contractor review conference call. The contractor will provide the conference call minutes within a couple days after the conference call.

F. Late review comments - Headquarter will determine if EA report should be delayed to incorporate late review comments.

G. Back-check of pre-final EA report - The ES project officer will do a back-check and coordinate resolution of any unresolved draft EA comments. The contractor will provide the response to comments document along with the pre-final EA report. The contractor will also provide write-ups of the proposed resolutions to back-check comments to be incorporated into the final report. The Pre-final report will be distributed to the Area concurrent with distribution to the ES project officer.

H. Area validation memo - After the write-ups to resolve all draft review, comments are distributed to the Areas, the Areas will provide the EA report validation memo to the ES project officer within 5 working days. The validation memo will be incorporated into the final EA report before distribution.

I. Scheduling - All EA schedules are being maintained in P3 by ES-Seattle and the contractor. Since they apply to the same resources, schedules need to be coordinated. The objective is to

schedule the EA's so that there is a steady flow of work for the dedicated resources. The EA project officer will provide the original schedule when the task order is awarded to ES-Seattle. Monthly schedule reviews and updates will be done by the ES project officers at the end of the month.